



DE 14-003

Knollwood Energy of MA LLC
P.O. Box 30
Chester, New Jersey 07930

January 2, 2014

NHPUC 6 JAN 14 PM 12:40

Debra A. Howland
Executive Director
New Hampshire Public Utilities Commission
21 South Fruit Street, Suite 10
Concord, NH 03301-2429

Dear Ms Howland,

Attached please find an application for Michael McGuire to be part of the Knollwood Energy of MA LLC (NH-II-13-089) Class II Photovoltaic aggregation for New Hampshire Renewable Energy Certificates (RECs) generated from customer-sited sources, pursuant to New Hampshire Code of Administrative Rules Puc 2506.

Customer Information

Michael McGuire
1042 Hurricane Hill Rd.
Mason, NH 03048
603 878 1726
mike@h2dc.com

The Nepool GIS ID # for this facility is: NON38909. Also attached are the Simplified Process Interconnection Application and Service Agreement and Certificate of Completion for Simplified Process Interconnections. An electronic version has been sent to executive.director@puc.nh.gov.

Please do not hesitate to contact me if you have any questions regarding this application.

Thank you for your consideration,

Alane Lakritz

Alane Lakritz
President
Knollwood Energy of MA LLC
862-432-0259
908-955-0593 (fax)
Alane@KnollwoodEnergy.com



Knollwood Energy of MA

P.O. Box 30
Chester, New Jersey 07930

Enclosures (3)

WITNESS TEST COMPLETED 11-30-12

PUBLIC SERVICE COMPANY OF NEW HAMPSHIRE
INTERCONNECTION STANDARDS FOR INVERTERS
SIZED UP TO 100 KVA (Continued)

RECEIVED
NOV 21 2012

Exhibit B - Certificate of Completion for Simplified Process Interconnections

Installation Information:

☒ Check if owner-installed

Customer or Company Name (print): Michael and Tina McGuire

Contact Person, if Company: _____

Mailing Address: 1042 Hurricane Hill rd

City: Mason State: NH Zip Code: 03048

Telephone (Daytime): 603 878 1726 (Evening): 603 878 1726

Facsimile Number: _____ E-Mail Address: mike@h2dc.com

Address of Facility (if different from above): _____

City: _____ State: _____ Zip Code: _____

Generation Vendor: _____

Contact Person: _____

I hereby certify that the system hardware is in compliance with Puc 900.

Vendor Signature: _____

Date: 11nov2012

Electrical Contractor's Name (if appropriate): Kenneth Babineau (New Horizons Technologies)

Mailing Address: 5 Campground road

City: sterling State: ma Zip Code: 01564

Telephone (Daytime): 1 978 422 6393 (Evening): 1 978 422 6393

Facsimile Number: 1 978 422 6431 E-Mail Address: k.babineau@new-horiz.com

License number: 8768M

Date of approval to install Facility granted by the Company: 5July2012 Installation Date: 11nov2012

Application ID number: N 2533

Inspection:

The system has been installed and inspected in compliance with the local Building/Electrical Code of

Mason/Hillsborough

(City/County)

Signed (Local Electrical Wiring Inspector, or attach signed electrical inspection): _____

Name (printed): Kenneth Babineau

Date: 11/11/12

Customer Certification:

I hereby certify that, to the best of my knowledge, all the information contained in this Interconnection Notice is true and correct. This system has been installed and shall be operated in compliance with applicable electrical standards. Also, the initial start up test required by Puc 905.04 has been successfully completed.

Customer Signature: _____

Date: 20 NOV 2012

PUBLIC SERVICE COMPANY OF NEW HAMPSHIRE
INTERCONNECTION STANDARDS FOR INVERTERS
SIZED UP TO 100 KVA (Continued)

RECEIVED
JUL 3 2012
SESD

Simplified Process Interconnection Application and Service Agreement

Contact Information: Date Prepared: 29june2012

Legal Name and Address of Interconnecting Customer (or, Company name, if appropriate)
Customer or Company Name (print): Michael and Tina McGuire

Contact Person, if Company: _____

Mailing Address: 1042 Hurricane Hill rd.

City: Mason State: New Hampshire Zip Code: 03048

Telephone (Daytime): (603) 878-1726 (Evening): (603) 878-1726

Facsimile Number: (440) 325-5836 E-Mail Address: Mike@h2dc.com

Alternative Contact Information (e.g., system installation contractor or coordinating company, if appropriate):
Name: Michael McGuire

Mailing Address: 1042 Hurricane Hill Rd.

City: Mason State: NH Zip Code: 03048

Telephone (Daytime): (603) 878-1726 (Evening): (603) 878-1726

Facsimile Number: (440) 325-5836 E-Mail Address: mike@h2dc.com

Electrical Contractor Contact Information (if appropriate):
Name: Michael McGuire Telephone: (603) 878-1726

Mailing Address: 1042 Hurricane Hill rd

City: Mason State: NH Zip Code: 03048

Facility Information:

Address of Facility: 1042 Hurricane Hill rd

City: Mason State: NH Zip Code: 03048

Electric Service Company: PSNH Account Number: 56060051018 ✓ Meter Number: 677186493 ✓

Electricity Supply Company: Energy Service -PSNH ✓ Account Number: 56060051018

✓ Generator/Inverter Manufacturer: SMA Model Name and Number: SB7000 Quantity: 2 ✓

Nameplate Rating: 7 (kW) 240 (kVA) (AC Volts) Single x or Three Phase

System Design Capacity: 16kWdc (kVA) 14kWp (kVA) Battery Backup: Yes _____ No x

Net Metering: If Renewably Fueled, will the account be Net Metered? Yes x No _____

Prime Mover: Photovoltaic x Reciprocating Engine _____ Fuel Cell _____ Turbine _____ Other _____

Energy Source: Solar x Wind _____ Hydro _____ Diesel _____ Natural Gas _____ Fuel Oil _____ Other _____

✓ UL 1741.1 (IEEE 1547.1) Listed? Yes x No _____ External Manual Disconnect: Yes x No _____

Estimated Install Date: 1sept2012 Estimated In-Service Date: 15sept2012

Interconnecting Customer Signature

I hereby certify that, to the best of my knowledge, all of the information provided in this application is true and I agree to the Terms and Conditions on the following page:

Customer Signature: _____ Title: customer Date: 29june2012

Please attach any documentation provided by the inverter manufacturer describing the inverter's UL 1741 listing.

Approval to Install Facility (For Company use only)

Installation of the Facility is approved contingent upon the terms and conditions of this Agreement, and agreement to any system modifications, if required (Are system modifications required? Yes _____ No ✓ To be Determined _____)

Company Signature: Michael McGuire Title: SR. ENGINEER Date: 7-3-12

PLEASE CALL TO DISCUSS 'EXTERNAL DISCONNECT REQUIREMENTS.'

PUBLIC SERVICE COMPANY OF NEW HAMPSHIRE
INTERCONNECTION STANDARDS FOR INVERTERS
SIZED UP TO 100 KVA (Continued)

Company waives inspection/Witness Test? Yes ☐ No ☒

*PLEASE CALL TO SCHEDULE
UPON COMPLETION OF PROJECT.*

Terms and Conditions for Simplified Process Interconnections

1. **Construction of the Facility.** The Interconnecting Customer may proceed to construct the Facility in compliance with the specifications of its Application once the Approval to Install the Facility has been signed by the Company.
2. **Interconnection and operation.** The Interconnecting Customer may operate Facility and interconnect with the Company's system once the all of the following has occurred:
 - 2.1. **Municipal Inspection.** Upon completing construction, the Interconnecting Customer will cause the Facility to be inspected or otherwise certified by the local electrical wiring inspector with jurisdiction.
 - 2.2. **Certificate of Completion.** The Interconnecting Customer returns the Certificate of Completion to the Agreement to the Company at address noted.
 - 2.3. **Company has completed or waived the right to inspection.**
3. **Company Right of Inspection.** The Company will make every attempt within ten (10) business days after receipt of the Certificate of Completion, and upon reasonable notice and at a mutually convenient time, conduct an inspection of the Facility to ensure that all equipment has been appropriately installed and that all electrical connections have been made in accordance with the Interconnection Standard. The Company has the right to disconnect the Facility in the event of improper installation or failure to return Certificate of Completion. All projects larger than 10 kVA will be witness tested, unless waived by the Company.
4. **Safe Operations and Maintenance.** The Interconnecting Customer shall be fully responsible to operate, maintain, and repair the Facility.
5. **Disconnection.** The Company may temporarily disconnect the Facility to facilitate planned or emergency Company work.
6. **Metering and Billing.** All renewable Facilities approved under this Agreement that qualify for net metering, as approved by the Commission from time to time, and the following is necessary to implement the net metering provisions:
 - 6.1. **Interconnecting Customer Provides:** The Interconnecting Customer shall furnish and install, if not already in place, the necessary meter socket and wiring in accordance with accepted electrical standards. In some cases the Interconnecting Customer may be required to install a separate telephone line.
 - 6.2. **Company Installs Meter.** The Company will make every attempt to furnish and install a meter capable of net metering within ten (10) business days after receipt of the Certificate of Completion if inspection is waived, or within 10 business days after the inspection is completed, if such meter is not already in place.
7. **Indemnification.** Interconnecting Customer and Company shall each indemnify, defend and hold the other, its directors, officers, employees and agents (including, but not limited to, Affiliates and contractors and their employees), harmless from and against all liabilities, damages, losses, penalties, claims, demands, suits and proceedings of any nature whatsoever for personal injury (including death) or property damages to unaffiliated third parties that arise out of, or are in any manner connected with, the performance of this Agreement by that party, except to the extent that such injury or damages to unaffiliated third parties may be attributable to the negligence or willful misconduct of the party seeking indemnification.
8. **Limitation of Liability.** Each party's liability to the other party for any loss, cost, claim, injury, liability, or expense, including reasonable attorney's fees, relating to or arising from any act or omission in its performance of this Agreement, shall be limited to the amount of direct damage actually incurred. In no event shall either party be liable to the other party for any indirect, incidental, special, consequential, or punitive damages of any kind whatsoever.
9. **Termination.** This Agreement may be terminated under the following conditions:
 - 9.1. **By Mutual Agreement.** The Parties agree in writing to terminate the Agreement.
 - 9.2. **By Interconnecting Customer.** The Interconnecting Customer may terminate this Agreement by providing written notice to Company.
 - 9.3. **By Company.** The Company may terminate this Agreement (1) if the Facility fails to operate for any consecutive 12 month period, or (2) in the event that the Facility impairs or, in the good faith judgment of the Company, may imminently impair the operation of the electric distribution system or service to other customers or materially impairs the local circuit and the Interconnecting Customer does not cure the impairment.
10. **Assignment/Transfer of Ownership of the Facility.** This Agreement shall survive the transfer of ownership of the Facility to a new owner when the new owner agrees in writing to comply with the terms of this Agreement and so notifies the Company.
11. **Interconnection Standard.** These Terms and Conditions are pursuant to the Company's "Interconnection Standards for Inverters Sized Up to 100 kVA" for the Interconnection of Customer-Owned Generating Facilities, as approved by the Commission and as the same may be amended from time to time ("Interconnection Standard"). All defined terms set forth in these Terms and Conditions are as defined in the Interconnection Standard (see Company's website for the complete document).

PUBLIC SERVICE COMPANY OF NEW HAMPSHIRE
INTERCONNECTION STANDARDS FOR INVERTERS
SIZED UP TO 100 KVA (Continued)

As a condition of interconnection you are required to send/fax a copy of this form to :

Company: Public Service Company of New Hampshire
Name: Supplemental Energy Sources Department
Mail 1: 780 North Commercial Street
Mail 2: P. O. Box 330
City, State ZIP: Manchester, NH 03105-0330
Fax No.: (603) 634-2449



State of New Hampshire
Public Utilities Commission



21 S. Fruit Street, Suite 10, Concord, NH 03301-2429

**DRAFT APPLICATION FORM FOR
RENEWABLE ENERGY SOURCE ELIGIBILITY FOR CLASS I AND CLASS II
SOURCES WITH A CAPACITY OF 100 KILOWATTS OR LESS**

Pursuant to New Hampshire Administrative Code Puc 2500 Rules including Puc 2505.08, Certification of Certain Customer-Sited Sources

- Please submit one (1) original and two (2) paper copies of the completed application and cover letter* to:

Debra A. Howland
Executive Director
New Hampshire Public Utilities Commission
21 South Fruit Street, Suite 10
Concord, NH 03301-2429

- Send an electronic version of the completed application and the cover letter electronically to executive.director@puc.nh.gov.

* The cover letter must include complete contact information and identify the renewable energy class for which the applicant seeks eligibility. Pursuant to Puc 2505.01, the Commission is required to render a decision on an application within 45 days of receiving a completed application.

If you have any questions please contact Barbara Bernstein at (603) 271-6011 or Barbara.Bernstein@puc.nh.gov.

Check the applicable class:

Eligibility Requested
for **Class I** **Class II x**

Applicant

Name: Knollwood Energy of MA

Mailing Address: P. O. Box 30

Town/City: Chester State: NJ Zip Code: 07930

Primary _____
Contact: Alane Lakritz
Telephone: 862-432-0259 Cell: _____
Email
address: alane@knollwoodenergy.com

The facility name and contact information (if different than applicant contact information).

Facility Name: Michael McGuire
Mailing Address: 1042 Hurricane Hill Rd.
Town/City: Mason State: NH Zip Code: 03048
Primary
Contact: Michael McGuire
Telephone: 603-878-1726 Cell: _____
Email
address: mike@h2dc.com

Provide a complete list of the equipment used at the facility, including the meter, and, if applicable, the inverter:_____

quantity		quantity	
99	Siliken SLK60P6L245		
3	SMA 7000 S		
1	GE I-70-S/2		

What is the nameplate capacity of your facility? 24.255 kW

What was the initial date of operation? 11/29/2012

This is typically included in the interconnection agreement. Provide this documentation as **Attachment A**.

Provide the name, license number and contact information of the installer, or indicate that the equipment was installed directly by the customer.

Installer Name: New Horizons Technology
Installer Address: 5 Campground Rd.
License #: 8768M
Town/City: Sterling State: MA Zip Code: 01564
Telephone: 978-422-6393 Cell: _____
Email address: mikek@new-horiz.com
If the equipment was installed directly by the customer, please check here: ☐

Provide the name and contact information of the equipment vendor:

Check here if the installer and the equipment vendor were one and the same.
Business Name: 2nd Generation Energy
Vendor's Name: Ed Whittaker
Business Address: 12 Rosenfled Dr.
Town/City: Hopedale State: MA Zip Code: 01747
Telephone: 800-653-4270 Cell: _____
Email address: ewhitaker@sgeggroup.com

If an independent electrician was used, please provide the following information:

Electrician's Name: _____
Business Name: _____
Business Address: _____
Town/City: _____ State: _____ Zip Code: _____
License # _____

Provide the name and contact information of the independent monitor for this facility.

(A list of independent monitors is available at: http://www.puc.nh.gov/Sustainable%20Energy/Renewable_Energy_Source_Eligibility.htm.)

Independent Monitor's

Name: Thomas Kelly

Town/City: Merrimack State: NH Zip Code: 03054

Telephone: 603-546-5816 Cell: _____

Email
address: tom@naturalcapital-llc.com

Provide documentation of the applicable distribution utility's approval of the installation (This is usually included in the interconnection agreement.) If this documentation is separate from the interconnection document, please provide this as **Attachment B**.

Is the facility certified under another state's renewable portfolio standard? yes nox

If "yes", then provide proof of the certification as **Attachment C**. _____

In order to qualify your facility's electrical production for Renewable Energy Certificates (RECs), you must register with the NEPOOL - GIS. Contact information for the GIS administrator follows:

James Webb

Registry Administrator, APX Environmental Markets

224 Airport Parkway, Suite 600, San Jose, CA 95110

Office: 408.517.2174

jwebb@apx.com

Mr. Webb will assist you in obtaining a GIS facility code and, if applicable, an ISO-New England asset ID number.

GIS Facility Code
NON38909 Asset ID # NON38909

Complete an affidavit by the applicant or qualified installer that the project is installed and operating in conformance with any applicable state/local building codes. Use either the following affidavit form or provide a separate document as **Attachment D**.

The Commission requires a notarized affidavit as part of the application.

AFFIDAVIT

The Undersigned applicant declares under penalty of perjury that the project is installed and operating in conformance with all applicable building codes.

Applicant's
Signature

Alane Lakritz

Date

12/31/13

Applicant's Printed
Name

Alane Lakritz

Subscribed and sworn before me 31 Day of DECEMBER (month) in the
this 2013 year

County of MORRIS

State of NJ

Sylvia A. Smith
Notary Public/Justice of the Peace

My Commission
Expires

SYLVIA A. SMITH
Notary Public
State of New Jersey
My Commission Expires Jan. 6, 2019
I.D.# 2309220

CHECK LIST: The following has been included to complete the application:	YES
• All contact information requested in the application.	
• A copy of the interconnection agreement, nameplate capacity and date of operation (Attachment A.)	
• Documentation of the distribution utility's approval of the installation.* (Attachment B.)	
• If the facility is participating in another state's renewable portfolio standard (RPS) program, documentation of certification in other state's RPS. (Attachment C.)	
• A signed and notarized attestation or Attachment D.	
• A GIS number has been obtained.	
• The distribution utility's approval of the installation.*	
• The document has been printed and notarized.	
• The original and 2 copies are included in the packet mailed to Debra Howland, Executive Director of the PUC.	
• An electronic version of the completed application has been sent to executive.director@puc.nh.gov .	
*Usually included in the interconnection agreement. If the interconnection agreement contains this information, attachment B is not necessary.	

PREPARER'S INFORMATION

Preparer's Name: Alane Lakritz, Knollwood Energy of MA LLC

Mailing Address: P. O. Box 30

Town/City: Chester State: NJ Zip Code: 07930

Telephone: 862-432-0259

Cell: _____

Email

address: alane@knollwoodenergy.com; amy@knollwoodenergy.com

Preparer's

Signature: _____